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Date notice sent to all parties:

April 21, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reconstruction for Referral # 73937 for Outpatient surgery for arthroscopy of knee

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ xUpheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female. On 10/07/14, she was seen in clinic for evaluation and there was no edema to her lower extremities. On 02/09/15, x-rays of her knees showed total knee arthroplasty on the left that was stable. There was mild narrowing of the medial and lateral joint compartments of the right knee with patellofemoral compartment being unremarkable and no evidence of joint effusion or bony injury. On 02/24/15, MRI of the right knee revealed complex tear of the anterior horn, body, and posterior horn of the lateral meniscus, MCL bursitis, with mild grade 1 sprain of the MCL, and chondromalacia. There was a chondral erosion with a medial patella facet appreciated superiorly with mild subchondral marrow edema. Chondral erosion of the medial femoral condyle was appreciated. There was grade 1 sprain of the ACL and small joint effusion. There was a small focus of mild subchondral marrow edema of the posterior aspect of the lateral tibial

plateau. On 02/25/15, the patient was seen in clinic and exam of the extremities demonstrated knee pain. Left knee demonstrated some pain and crepitus and stiffness post total knee arthroplasty.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

On 03/03/15, utilization review noted the 02/25/15 office note reported mechanical symptoms with joint line tenderness and there was only small joint effusion on MRI. There was new report of a trial injection or formal physical therapy. The patient did not have a locked knee and further non-operative care would appear warranted before surgery was pursued. On 03/18/15, utilization review noted the patient did not meet the criteria for conservative care for the requested procedure. Therefore recommendation was for non-certification. The submitted records do not include physical therapy notes indicating the patient has failed or at least trialed conservative treatment in that format. Most recent note dated 02/25/15 was minimal in discussing symptoms and noting objective findings related to the right knee. Therefore, it is the opinion of this reviewer that the request for outpatient surgery for arthroscopy of knee is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ **x MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **x ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, knee chapter
ODG Indications for Surgeryä -- Meniscectomy:

Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT.

1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND (Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS

2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS

3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS

4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). (Washington, 2003)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS